

DATA ITEM DESCRIPTION

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. TITLE REQUEST FOR TECHNICAL SURVEILLANCE COUNTERMEASURES (TSCM) SURVEYS		2. IDENTIFICATION NUMBER DI-MGMT-80626A	
3. DESCRIPTION / PURPOSE 3.1 The request will identify the location for the survey and describe the physical environment of the area to be surveyed. It will contain statements that all construction is complete and equipment and furnishings are in place. The purpose is to schedule a TSCM survey for the secure telecommunications facility.			
4. APPROVAL DATE (YYMMDD) 910424	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR) F/AESPACECOM-LKOC	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE
7. APPLICATION / INTERRELATIONSHIP 7.1 This Data Item Description contains the format and content preparation instructions for the data product generated by the specific and discrete task requirement as delineated in the contract. 7.2 A copy of the referenced document cited below may be obtained as specified in the contract. 7.3 This DID supersedes DI-MGMT-80626.			
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS	9b. AMSC NUMBER F6105
10. PREPARATION INSTRUCTIONS 10.1 <u>Reference Document</u> . The applicable issue of the document cited herein, including its approval date and dates of any applicable changes and revisions shall be as specified in the contract. 10.2 <u>Format</u> . This data shall be prepared in letter format. 10.3 <u>Content</u> . The request shall contain the following information. If any of the information is classified, refer to the appropriate regulation for classification guidelines, for example, Air Force Regulation 205-14. a. The address, building, and room number for the specific facility to be surveyed. b. The name of the organization or the activity using the area, and a brief synopsis of the mission of the activity. c. The size of the area in square meters. d. The name of the individual who has security responsibility for the area. (Continued on Page 2)			
11. DISTRIBUTION STATEMENT DISTRIBUTION STATEMENT A: Approved for public release; distribution unlimited.			

Block 10, Preparation Instructions (continued):

e. Special access authorization requirements for agents who will perform the survey.

f. Security classification of the information to be protected in the area. Tell if the sensitive information is discussed or used on a continuing basis.

g. A statement that:

(1) All construction is, or will be, complete at the time the the TSCM survey is to be done.

(2) All equipment and furnishings are, or will be, in place at the time the TSCM survey is to be done.

(3) Adequate physical security measures are, or will be, in effect to keep any unauthorized people from entering during and after the survey.

h. The desired date for performance of the survey. State if conferences, relocations, or other scheduled events are involved. Include a narrative description of unique mission responsibilities that would have a bearing on the relative priority to be assigned to this TSCM survey request.

i. A floor plan of the area to be surveyed. If a "blue line" drawing is not available, attach a hand-drawn floor plan, showing dimensions of the area.

j. If the request is for an area previously surveyed, identify actions taken to correct previously identified security vulnerabilities, and one or more of the following conditions exist:

(1) Construction was done in the area by uncleared persons.

(2) Unauthorized personnel have had uncontrolled or unescorted access to the area.

(3) The TSCM Program Manager has approved the area for recurring TSCM surveys.

k. If the request is for an area previously surveyed, include the Air Force Office of Special Investigations case file number that was assigned at the time of the previous survey. Example: 8204D640-3914.